PROGENESIS
We help you start a healthy family

Patient HIPAA Form-P1

Thank you for selecting the Progenesis laboratory for your PGS and/or PGD testing. Progenesis offers a variety of genetic testing solutions, including 24-chromosome aneuploidy screening, single gene disorder testing, and gender selection. As part of the genetic testing process, Progenesis may need to access some of your medical information to perform your test and prepare the test report. The exchange of information between Progenesis laboratory, your IVF clinic, and your genetic counselor requires your authorization in accordance with The Health Insurance Portability and Accountability Act (HIPAA) of 1996.

PATIENT	
Name	
Date of Birth	
Phone	
Address	

PARTNER	
Name	
Date of Birth	
Phone	
Address	

Who May Use or Disclose the Information?

- ✓ Your IVF clinic (fertility, nurse coordinator, embryologist, etc.)
- ✓ Your genetic counselor
- ✓ Progenesis staff
- ✓ Governmental oversight organizations such as CLIA, FDA, etc

Initials: Patient _____ Partner _____

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What information may be exchanged?

The information Progenesis may need to access and exchange with these entities includes, but may not be limited to:

- ✓ Your contact information (name, phone number, email address etc.)
- ✓ Dates (e.g., date of birth, egg retrieval date, transfer date, etc.)
- ✓ You previous genetic report and genetic counseling report(s)
- ✓ Your insurance information
- ✓ Embryology records for your IVF procedure
- ✓ Your clinical information related to IVF process (number of previous IVF cycles, IVF stimulation protocol, pregnancy, gestation and childbirth results, etc.)
- ✓ Genetic test results of the products of conception, if applicable
- ✓ Your future child's information and genetic follow-up, if available

Your right to revoke HIPAA aut horization

You have the right to revoke your HIPAA authorization any time after signing the Progenesis HIPAA form.

If you revoke HIPAA authorization after the test is performed, you will be responsible for the cost of testing. Once your HIPAA authorization is revoked, Progenesis will no longer disclose your information. To revoke HIPAA authorization, you must notify Progenesis in writing. Please send your letter to: Progenesis, 4150 Regents Park Row, Suite 245, La Jolla, CA 92037

By providing my signature I am acknowledging that I have read this authorization form and agree to allow Progenesis to exchange my personal health information with the entities noted above.

_____	_____	_____
Patient's Name	Signature	Date
_____	_____	_____
Partner's Name	Signature	Date

Initials: Patient _____ Partner _____